Fill in this	information to identify you	r case and this filing:			
Debtor 1	Sasha Marritt				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing	ng) First Name	Middle Name	Last Name		
United Stat	tes Bankruptcy Court for the:	EASTERN DISTRICT OF MICHI	GAN		
Case numb	per 18-56519		_		☐ Check if this is an
					amended filing
Official	I Form 106A/B				
_		4			
	dule A/B: Prop				12/15
think it fits b	est. Be as complete and accur If more space is needed, attacl	be items. List an asset only once. If a ate as possible. If two married people n a separate sheet to this form. On th	e are filing together, both are	e equally responsible fo	r supplying correct
Part 1: Des	scribe Each Residence, Buildin	g, Land, or Other Real Estate You Ov	n or Have an Interest In		
1. Do you o	wn or have any legal or equitab	le interest in any residence, building,	land, or similar property?		
No. Go	to Part 2.				
☐ Yes. V	Vhere is the property?				
Part 2: Des	scribe Your Vehicles				
	ns, trucks, tractors, sport u	cle, also report it on Schedule G: E.		- 7	
3.1 Make	e: Chevrolet	Who has an interest in th	e property? Check one		d claims or exemptions. Put
Mod	Cubumban	Debtor 1 only	property: onder one		cured claims on Schedule D: Claims Secured by Property.
Year	2002	Debtor 2 only		Current value of the	Current value of the
		Debtor 1 and Debtor 2 of	only	entire property?	portion you own?
Othe	er information:	At least one of the debt	ors and another		
		Check if this is commi	unity property	\$2,686.0	92,686.00
■ No □ Yes 5 Add the pages y	s: Boats, trailers, motors, pers e dollar value of the portion you have attached for Part 2 scribe Your Personal and Hous	ATVs and other recreational vehiconal watercraft, fishing vessels, snown you own for all of your entries from the control of the that number here	owmobiles, motorcycle acc	entries for	\$2,686.00 Current value of the portion you own? Do not deduct secured
	old goods and furnishings	a linens china kitchenware			claims or exemptions.

□ No

Official Form 106A/B

Schedule A/B: Property

page 1

Debt	or 1	Sasha Marritt	Case number (if known)	18-56519
-	Yes.	Describe		
		Furniture		\$100.00
E:	No	es: Televisions and radios; audio, video, stereo, and digital equipm including cell phones, cameras, media players, games	ent; computers, printers, scanners; music co	ollections; electronic devices
8. C c	ollectil xample	Describe bles of value es: Antiques and figurines; paintings, prints, or other artwork; books other collections, memorabilia, collectibles Describe	s, pictures, or other art objects; stamp, coin,	or baseball card collections;
9. E q	quipme xample No	ent for sports and hobbies les: Sports, photographic, exercise, and other hobby equipment; bid musical instruments Describe	cycles, pool tables, golf clubs, skis; canoes a	and kayaks; carpentry tools;
	No	ns bles: Pistols, rifles, shotguns, ammunition, and related equipment Describe		
	l No	s bles: Everyday clothes, furs, leather coats, designer wear, shoes, a Describe	ccessories	
		Clothing		\$150.00
	No	y bles: Everyday jewelry, costume jewelry, engagement rings, weddir Describe Wedding Ring and costume jewlery	ng rings, heirloom jewelry, watches, gems, g	old, silver \$200.00
	Examp I No	rm animals ples: Dogs, cats, birds, horses Describe		
		1 dog and 1 cat; both non-pedigree		\$100.00
-	No	her personal and household items you did not already list, inc Give specific information	luding any health aids you did not list	
		the dollar value of all of your entries from Part 3, including any art 3. Write that number here		\$550.00
Part 4	4: Des	scribe Your Financial Assets	ı	

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured

Schedule A/B: Property Official Form 106A/B page 2

D	ebtor 1	Sasha Marri	tt				Case number (if known)	18-56519
								claims or exemptions.
16.	■ No	.,	,	our wallet, in you		a safe deposit box, and on hand w	when you file your petition	on
17.						certificates of deposit; shares in cr ne same institution, list each.	edit unions, brokerage h	nouses, and other similar
	Yes					Institution name:		
			17.1.	Checking		Capital One		\$67.00
_			17.2.	Savings		Capital One		\$1.00
18.				cly traded stock ent accounts with		e firms, money market accounts		
	■ No □ Yes			Institution or iss	uer name:			
19.		ıblicly traded st	ock and	interests in inc	orporated	and unincorporated businesses	s, including an interes	t in an LLC, partnership, and
	■ No □ Yes	Give specific info	ormation	about them				
	_ 100.	Civo oposino mi		me of entity:			% of ownership:	
20	Negotia	able instruments	include p	personal checks,	cashiers'	and non-negotiable instrument: checks, promissory notes, and mo o someone by signing or deliverin	ney orders.	
		Give specific info		about them uer name:				
21.		nent or pension bles: Interests in I			k), 403(b),	thrift savings accounts, or other p	ension or profit-sharing	plans
	Yes.	List each accoun	•	tely. of account:		Institution name:		
			401(l	()		Merrill Lynch Walmart		\$2,646.40
22.	Your sl Examp		d deposi	ts you have mad		ou may continue service or use fro utilities (electric, gas, water), telec		ies, or others
	■ No □ Yes.					Institution name or individual:		
23.		ies (A contract fo	or a perio	dic payment of m	noney to yo	ou, either for life or for a number of	years)	
	■ No □ Yes	ls:	suer nam	ne and descriptio	n.			
24	26 U.S.0	s in an educatio C. §§ 530(b)(1), §			a qualifie	d ABLE program, or under a qu	alified state tuition pro	gram.
	■ No □ Yes	In:	stitution i	name and descri	ption. Sepa	arately file the records of any inter-	ests.11 U.S.C. § 521(c):	
25.	Trusts, ■ No	equitable or fu	ture inte	rests in propert	y (other th	nan anything listed in line 1), and	d rights or powers exe	rcisable for your benefit

Official Form 106A/B Schedule A/B: Property page 3

D	ebtor 1	Sasha Marritt		Case number (if known) 1	8-56519
	☐ Yes.	Give specific information about the	hem	_	
26	_Examp		e secrets, and other intellectual property sites, proceeds from royalties and licensing agr	reements	
	■ No □ Yes.	Give specific information about the	nem		
27	License Examp	es, franchises, and other gener bles: Building permits, exclusive li	ral intangibles censes, cooperative association holdings, liquo	or licenses, professional licenses	
		Give specific information about the	hem		
M	oney or I	property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28	Tax ref □ No	unds owed to you			
	Yes.	Give specific information about the	em, including whether you already filed the ret	urns and the tax years	
			Estimated 2018 Tax Refund	Federal	\$2,000.00
			Estimated 2018 Tax Refund	State	\$200.00
30	Other a	Give specific information			
	■ No	benefits; unpaid loans you m	urance payments, disability benefits, sick pay, v nade to someone else	acation pay, workers' compensa	ation, Social Security
	⊔ Yes.	Give specific information			
31		ts in insurance policies bles: Health, disability, or life insur	rance; health savings account (HSA); credit, ho	meowner's, or renter's insurance	3
	☐ Yes.	Name the insurance company of Company i		neficiary:	Surrender or refund value:
32	If you a	erest in property that is due your are the beneficiary of a living trust ne has died.	u from someone who has died t, expect proceeds from a life insurance policy,	or are currently entitled to receiv	e property because
	■ No □ Yes.	Give specific information			
33	Examp		or not you have filed a lawsuit or made a de utes, insurance claims, or rights to sue	mand for payment	
	■ No □ Yes.	Describe each claim			
34	Other o	contingent and unliquidated cla	ims of every nature, including counterclaim	s of the debtor and rights to s	et off claims
	■ No □ Yes.	Describe each claim			

Official Form 106A/B Schedule A/B: Property page 4

Del	otor 1	Sasha Marritt		Case number (if known)	18-56519
	•	ancial assets you did not already list			
	■ No □ Yes.	Give specific information			
36.		ne dollar value of all of your entries from Part 4, including rt 4. Write that number here			\$4,914.40
Par	5: Des	cribe Any Business-Related Property You Own or Have an Intere	st In. List any real est	ate in Part 1.	
37. I	Do you o	wn or have any legal or equitable interest in any business-related	d property?		
	No. Go	to Part 6.			
	Yes. G	o to line 38.			
Par		scribe Any Farm- and Commercial Fishing-Related Property You Cou own or have an interest in farmland, list it in Part 1.	Own or Have an Intere	st In.	
46.	Do you	own or have any legal or equitable interest in any farm-	or commercial fishin	ng-related property?	
	■ No. 0	Go to Part 7.			
	☐ Yes.	Go to line 47.			
ı	Do you <i>Examp</i> ■ No	Describe All Property You Own or Have an Interest in That You have other property of any kind you did not already list? les: Season tickets, country club membership Give specific information	Did Not List Above		
54.	Add tl	ne dollar value of all of your entries from Part 7. Write tha	t number here		\$0.00
Par	t 8 :	List the Totals of Each Part of this Form			
55.	Part 1	: Total real estate, line 2			\$0.00
56.	Part 2	: Total vehicles, line 5	\$2,686.00		· ·
57.	Part 3	: Total personal and household items, line 15	\$550.00		
58.	Part 4	: Total financial assets, line 36	\$4,914.40		
59.	Part 5	: Total business-related property, line 45	\$0.00		
60.	Part 6	: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	: Total other property not listed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$8,150.40	Copy personal property to	otal \$8,150.40
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$8,150.40

Official Form 106A/B Schedule A/B: Property page 5

Fill in this info	rmation to identify your	case:		
Debtor 1	Sasha Marritt			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN	
Case number	18-56519			
(if known)				Check if this is an
				amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B*: *Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2*: *Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)											
	■ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)									
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.										
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption						
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.							
	Furniture Line from Schedule A/B: 6.1	\$100.00		\$100.00	11 U.S.C. § 522(d)(3)						
	Line nom <i>Schedule Arb.</i> 0.1			100% of fair market value, up to any applicable statutory limit							
	Clothing Line from Schedule A/B: 11.1	\$150.00		\$150.00	11 U.S.C. § 522(d)(3)						
	Line Holli Schedule PAB. 11.1			100% of fair market value, up to any applicable statutory limit							
	Wedding Ring and costume jewlery Line from Schedule A/B: 12.1	\$200.00		\$200.00	11 U.S.C. § 522(d)(4)						
	Line nom <i>Schedule A/D</i> . 12.1			100% of fair market value, up to any applicable statutory limit							
	1 dog and 1 cat; both non-pedigree Line from Schedule A/B: 13.1	\$100.00		\$100.00	11 U.S.C. § 522(d)(3)						
	Ellie Holli Geriedale PAB. 1911			100% of fair market value, up to any applicable statutory limit							
	Checking: Capital One Line from Schedule A/B: 17.1	\$67.00		\$67.00	11 U.S.C. § 522(d)(5)						
	Line from Schedule PVD. 11.1			100% of fair market value, up to any applicable statutory limit							

Official Form 106C

Schedule C: The Property You Claim as Exempt

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption	
		Copy the value from Check only one box for each exemption. Schedule A/B		eck only one box for each exemption.		
	Savings: Capital One Line from Schedule A/B: 17.2	\$1.00		\$1.00	11 U.S.C. § 522(d)(5)	
	Line IIIIII Schedule AVB. 11.2			100% of fair market value, up to any applicable statutory limit		
	401(k): Merrill Lynch Walmart Line from Schedule A/B: 21.1	\$2,646.40		\$2,646.40	11 U.S.C. § 522(d)(12)	
	Line IIIIII Schedule AV.B. 21.1			100% of fair market value, up to any applicable statutory limit		
	Federal: Estimated 2018 Tax Refund	\$2,000.00		\$2,000.00	11 U.S.C. § 522(d)(5)	
	Line Iron Schedule A.B. 20.1			100% of fair market value, up to any applicable statutory limit		
	State: Estimated 2018 Tax Refund Line from Schedule A/B: 28.2	\$200.00		\$200.00	11 U.S.C. § 522(d)(5)	
	Line Irom Schedule AVB. 20.2			100% of fair market value, up to any applicable statutory limit		
3.	Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 ■ No ■ Yes. Did you acquire the property covered	3 years after that for ca	ises fi	,	,	
	□ No			•		
	☐ Yes					

	this information	n to identify you	ur case:			
Debtor		asha Marritt			_	
Dobtos		st Name	Middle Name Last Name			
Debtor (Spouse		st Name	Middle Name Last Name		-	
United	l States Bankrup	tcy Court for the	: EASTERN DISTRICT OF MICHIGAN			
_					-	
Case r	number <u>18-56</u>	5519			☐ Check	if this is an
(,					led filing
O.(;; ;		\0.D				-
	ial Form 10					
Sch _e	edule D:	Creditors	Who Have Claims Secure	d by Propert	У	12/15
is neede			If two married people are filing together, both are ecout, number the entries, and attach it to this form. O			
1. Do an	ny creditors have	claims secured b	y your property?			
	No. Check this	box and submit t	his form to the court with your other schedules. Y	ou have nothing else	to report on this form.	
	Yes. Fill in all of	f the information	below.			
Part 1	List All Sec	ured Claims				
2. List	all secured claims	s. If a creditor has	more than one secured claim, list the creditor separately	Column A	Column B	Column C
			s a particular claim, list the other creditors in Part 2. As ical order according to the creditor's name.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1	Credit Accepta	ance	Describe the property that secures the claim:	\$3,339.00	\$2,686.00	\$653.00
C	Creditor's Name		2002 Chevrolet Suburban 189000 miles			
5	25505 West 12 Suite 3000		As of the date you file, the claim is: Check all that apply.			
	Southfield, MI		Contingent			
_	Number, Street, City, S	State & Zip Code	☐ Unliquidated			
_	wes the debt?	Check one.	☐ Disputed Nature of lien. Check all that apply.			
N	otor 1 only		☐ An agreement you made (such as mortgage or se car loan)	cured		
Who o	stor 2 only	2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
Who o	otor 2 only otor 1 and Debtor 2		, , , , , , , , , , , , , , , , , , , ,			
Who o Deb Deb Deb	otor 2 only otor 1 and Debtor 2 east one of the deb	•	☐ Judgment lien from a lawsuit			
Who o Deb Deb Deb At le	otor 1 and Debtor 2	otors and another	☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)			
Who o Deb Deb Deb At le	otor 1 and Debtor 2 east one of the deb eck if this claim re	otors and another elates to a Opened				

If this is the last page of your form, add the dollar value totals from all pages. \$3,339.00 Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Fil	II in this informa	ntion to identify your	case:						
De	ebtor 1	Sasha Marritt							
		First Name	Middle	e Name	Last Nam	е			
1	ebtor 2 oouse if, filing)	First Name	Middle	e Name	Last Nam	e			
Ur	nited States Bank	cruptcy Court for the:	EASTER	N DISTRICT	OF MICHIGAN				
C-	ase number 18	3-56519							
1	known)	-30319						_	if this is an ed filing
Sc		106E/F F: Creditors W					or craditors with NON	IDDIODITY claims. Li	12/15
any Sch Sch left. nan	executory contra nedule G: Executo nedule D: Creditor . Attach the Contin ne and case numb	cts or unexpired leases ry Contracts and Unexp s Who Have Claims Sec nuation Page to this pag er (if known).	that could reired Leases ured by Proper If you have	esult in a clair (Official Form perty. If more s re no informat	n. Also list executo 106G). Do not inclu space is needed, co	ory contract ude any cre opy the Part	s on Schedule A/B: F ditors with partially s you need, fill it out,	Property (Official For secured claims that a number the entries in	m 106A/B) and on are listed in a the boxes on the
		of Your PRIORITY Un							
1.	_	s have priority unsecure	d claims aga	inst you?					
	☐ No. Go to Par	t 2.							
	Yes.								
2.	identify what type possible, list the o	riority unsecured claims of claim it is. If a claim ha claims in alphabetical orde an one creditor holds a pa	s both priorit er according t	y and nonpriori to the creditor's	ty amounts, list that on name. If you have m	claim here a	nd show both priority a	and nonpriority amount	ts. As much as
		on of each type of claim, s				booklet.)			
	` '	,				,	Total claim	Priority amount	Nonpriority amount
2.1		d / 582 / Nelnet		Last 4 digits	of account number	0974	\$6,754.00	\$6,754.00	\$0.00
	Priority Cred Attn: Clai Po Box 8	ims 2505		When was th	e debt incurred?	•	l 02/09 Last l 0/31/18		
	Lincoln, I	NE 68501 et City State Zlp Code		As of the dat	e you file, the claim	is: Chack a	II that apply		
		he debt? Check one.		☐ Contingen	_	is. Check a	п шасарріу		
	■ Debtor 1 onl	У		☐ Unliquidate					
	Debtor 2 onl			☐ Disputed	,				
	Debtor 1 and			•	RITY unsecured cla	aim:			
		of the debtors and anothe	er.	Domestic :	support obligations				
		s claim is for a commur			certain other debts v	YOU OWE the	government		
	Is the claim su		y dobi		death or personal in		O .		
	■ No	.,		Other. Spe	·	, , ,0			
	☐ Yes			— Outon ope	Education	al			

Debtor 1 Sasha Marritt		Case nur	mber (if known)	18-56519	
2.2 Dept of Ed / 582 / Nelnet	Last 4 digits of account number	1374	\$5,728.00	\$5,728.00	\$0.00
Priority Creditor's Name Attn: Claims Po Box 82505	When was the debt incurred?	Opened 1	11/12 Last //31/18		
Lincoln, NE 68501 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all t	that apply		
Who incurred the debt? Check one.	☐ Contingent				
Debtor 1 only	☐ Unliquidated				
Debtor 2 only	☐ Disputed				
Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	aim:			
☐ At least one of the debtors and another	☐ Domestic support obligations				
☐ Check if this claim is for a community debt	Taxes and certain other debts y	ou owe the ac	overnment		
Is the claim subject to offset?	☐ Claims for death or personal inj	_			
■ No	Other. Specify				
☐ Yes	Education	al			
2.3 Dept of Ed / 582 / Nelnet	Last 4 digits of account number	9974	\$5,638.00	\$5,638.00	\$0.00
Priority Creditor's Name Attn: Claims Po Box 82505	When was the debt incurred?	Opened 1	10/10 Last //31/18		
Lincoln, NE 68501 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all t	that apply		
Who incurred the debt? Check one.	☐ Contingent				
Debtor 1 only	☐ Unliquidated				
Debtor 2 only	☐ Disputed				
☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	aim:			
☐ At least one of the debtors and another	☐ Domestic support obligations				
☐ Check if this claim is for a community debt	Taxes and certain other debts y	ou owe the go	overnment		
Is the claim subject to offset?	☐ Claims for death or personal inj	ury while you	were intoxicated		
■ No	Other. Specify				
Yes	Education	al ————			
2.4 Dept of Ed / 582 / Nelnet Priority Creditor's Name	Last 4 digits of account number	9065	\$4,945.00	\$4,945.00	\$0.00
Attn: Claims Po Box 82505	When was the debt incurred?	Opened 1 Active 10	10/15 Last 0/31/18		
Lincoln, NE 68501 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all t	that apply		
Who incurred the debt? Check one.	☐ Contingent				
Debtor 1 only	☐ Unliquidated				
Debtor 2 only	☐ Disputed				
Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	aim:			
☐ At least one of the debtors and another	☐ Domestic support obligations				
☐ Check if this claim is for a community debt	■ Taxes and certain other debts y	ou owe the go	overnment		
Is the claim subject to offset?	Claims for death or personal inj	-			
■ No	Other. Specify				
Yes	Education	al			

Debtor 1	Sasha Marritt		Case nu	mber (if known)	18-56519				
	Dept of Ed / 582 / Nelnet	Last 4 digits of account number	8074	\$4,841.00	\$4,841.00	\$0.00			
	Priority Creditor's Name Attn: Claims Po Box 82505 Lincoln, NE 68501	When was the debt incurred?	Opened Active 10	10/11 Last D/31/18	-				
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all	that apply					
Wh	o incurred the debt? Check one.	☐ Contingent							
	Debtor 1 only	☐ Unliquidated							
	Debtor 2 only	☐ Disputed							
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	im:						
	At least one of the debtors and another	☐ Domestic support obligations							
	Check if this claim is for a community debt	■ Taxes and certain other debts y	ou owe the a	overnment					
	he claim subject to offset?	☐ Claims for death or personal inj	_						
	No	Other. Specify							
	Yes	Education	al						
	Dept of Ed / 582 / Nelnet	Last 4 digits of account number	9874	\$3,851.00	\$3,851.00	\$0.00			
	Priority Creditor's Name Attn: Claims Po Box 82505	When was the debt incurred?	Opened Active 10	10/10 Last 0/31/18	_				
-	Lincoln, NE 68501 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all	that apply					
Wh	o incurred the debt? Check one.	☐ Contingent		,					
	Debtor 1 only	☐ Unliquidated							
	Debtor 2 only	☐ Disputed							
_	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:							
	At least one of the debtors and another	☐ Domestic support obligations	☐ Domestic support obligations						
_	Check if this claim is for a community debt	■ Taxes and certain other debts y	ou owe the a	overnment					
	he claim subject to offset?	☐ Claims for death or personal inj	_						
	No	Other. Specify							
	Yes	Education	al						
	Dept of Ed / 582 / Nelnet	Last 4 digits of account number	1474	\$3,283.00	\$3,283.00	\$0.00			
	Priority Creditor's Name Attn: Claims Po Box 82505 Lincoln, NE 68501	When was the debt incurred?	•	11/12 Last 0/31/18	-				
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all	that apply					
Wh	o incurred the debt? Check one.	☐ Contingent							
	Debtor 1 only	☐ Unliquidated							
	Debtor 2 only	☐ Disputed							
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	im:						
	At least one of the debtors and another	☐ Domestic support obligations							
	Check if this claim is for a community debt	■ Taxes and certain other debts y	ou owe the g	overnment					
	he claim subject to offset?	☐ Claims for death or personal inj	ury while you	were intoxicated					
		Other. Specify							
	Yes	Education	al						

Dept of Ed / 582 / Neinet Priority Creditor's Name Atta: Calairia September Sept	Debt	tor 1 Sasha Marritt		Case nu	mber (if known)	18-56519		
Attn: Clarims Po Box 82505 Lincoln, NE 68501 Number Street City Silare 2 Protect one. Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 and 1 beat apply No Debtor 2 only Debtor 2 only Debtor 3 and 1 beat apply No Debtor 2 only Debtor 4 beat 2 Protections Protective City Share 2 Protections Active 10/31/18 Attin: Clarims Po Box 82505 Lincoln, NE 68501 Number Street City Share 2 Protections Active 10/31/18 Active 10/31/18 Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 5 and 5 a	2.8	Dept of Ed / 582 / Nelnet	Last 4 digits of account number	0874	\$2,756.00	\$2,756.00	\$0.00	
Lincoln, NE 68501 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Uniquidanted		Attn: Claims						
Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Contingent Debtor 1 only			When was the debt incurred?	Active 10	0/31/18	_		
Debtor 1 anly Unliquidated Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: Domestic support obligations Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: Domestic support obligations Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: Domestic support obligations Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 and another Check if this claim is for a community debt is the claim subject to offset? Debtor 1 and Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 5 and Debtor 2 only Debtor 5 and Debtor 2 only Debtor 6 and Debtor 2 only Debtor 6 and Debtor 2 only Debtor 7 and Debtor 2 only Debtor 1 and Debtor 2 onl			As of the date you file, the claim	is: Check all	that apply			
Debtor 2 only		Who incurred the debt? Check one.	☐ Contingent					
Debtor 1 and Debtor 2 only Domestic support obligations Domestic support obligations Domestic support obligations Domestic support obligations Type of PRIORITY unsecured claim: Domestic support obligations Type of PRIORIT		■ Debtor 1 only	☐ Unliquidated					
At least one of the debtors and another Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Domestic support obligations Domestic support obligatio		☐ Debtor 2 only	☐ Disputed					
Check if this claim is for a community debt is the claim subject to offset?		☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	iim:				
Is the claim subject to offset?		☐ At least one of the debtors and another	☐ Domestic support obligations					
Dept of Ed / 582 / Nelnet Priority Creditor's Name Attr: Claims Po Box 82505 Lincoln, NE 68501 Number Street (Diy State 2 plocde Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 show be claim subject to offset? Dept of Ed / 582 / Nelnet Priority Creditor's Name Attr: Claims Po Box 82505 Lincoln, NE 68501 Number Street (Diy State 2 plocde Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 claim subject to offset? Show be claim subject to offset? Show be claim subject to offset? Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 and Debtor 2 only Debtor 5 only Debtor 5 claims for a community debt last 4 digits of account number and perior be claim subject to offset? Debtor 4 and Debtor 2 only Debtor 5 claims for a community debt last 4 digits of account number and perior be claim subject to offset? Debtor 4 and Debtor 2 only Debtor 5 claims 5 or a community debt last 4 digits of account number and perior be claim subject to offset? Debtor 4 and Debtor 2 only Debtor 5 conly Debtor 6 claims 5 or a community debt last 4 digits of account number and perior be claim subject to offset? Debtor 6 claims 5 or a community debt last 4 digits of account number and perior be claim subject to offset? Debtor 6 claims 5 or a community debt last 6 claim subject to offset? Debtor 6 claims 5 or a community debt last 6 claim subject to offset? Domestic support obligations To offset 8 claim subject to offset? Domestic support obligations Taxes and certain other debts you ove the government and perior periority while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated		☐ Check if this claim is for a community debt	■ Taxes and certain other debts y	ou owe the g	overnment			
Dept of Ed / 582 / Nelnet Priority Creditor's Name Attn: Claims Po Box 82505 Lincoln, NE 68501 Debtor 1 and Debtor 2 only Yes Dept of Ed / 582 / Nelnet Claims Po Box 82505 Lincoln, NE 68501 Number Street City State Zip Code Who incurred the debt? Check one. Check if this claim is for a community debt is the claim self or contingent Deptor 1 only Deptor 1 only Check if this claim is for a community debt is the claim self or contingent Deptor 1 only Deptor 1 only Check if this claim is for a community debt is the claim subject to offset? Deptor 1 only Deptor 2 only Deptor 2 only Deptor 3 or 3		Is the claim subject to offset?	☐ Claims for death or personal inj	ury while you	were intoxicated			
Dept of Ed / 582 / Nelnet Priority Creditor's Name Attn: Claims Po Box 82505 Lincoln, NE 68501 Number Street City State Zlp Code Who incurred the debtor 2 only Deptor 1 only Debtor 1 and Debtor 2 only Yes Last 4 digits of account number 9265 \$676.00 \$0.00 \$0 pened 10/15 Last Active 10/31/18 As of the date you file, the claim is: Check all that apply When was the debt incurred? Check if this claim is for a community debt is the claim subject to offset? Deptor 1 and Debtor 2 only Deptor 2 only Deptor 6 Ed / 582 / Nelnet Priority Creditor's Name Attn: Claims Po Box 82505 Lincoln, NE 68501 Number Street City State Zlp Code Who incurred the debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 9 only Debtor 1 only		_ ``*						
Priority Creditor's Name Attn: Claims Po Box 82505 Lincoln, NE 68501 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Priority Creditor's Name Attn: Claims Po Box 82505 Lincoln, NE 68501 Number Street City State Zip Code Who incurred the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Dept of Ed / 582 / Nelnet Priority Creditor's Name Attn: Claims Po Box 82505 Lincoln, NE 68501 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Disputed Type of PRIORITY unsecured claim: Domestic support obligations Type of PRIORITY unsecured claim: Type of PRIORITY unsecured claim: Domestic support obligations Type of PRIORITY unsecured claim: Type of P		☐ Yes	Education	al				
Attn: Claims Po Box 82505 Lincoln, NE 68501 Number Street City State Zip Code Who incurred the debt? Check one. Contingent	2.9		Last 4 digits of account number	9265	\$676.00	\$676.00	\$0.00	
Po Box 82505 Lincoln, NE 68501 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Sheet City State Zip Code No Debtor 2 only Debtor 5 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Incurred? Last 4 digits of account number Priority Creditor's Name Attn: Claims Po Box 82505 Lincoln, NE 68501 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 digits of account number Po Box 82505 Lincoln, NE 68501 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Check if this claim is for a community debt Is the claim subject to offset? Taxes and certain other debts you owe the government Check if this claim is for a community debt Is the claim subject to offset? Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while		· • · · · · · · · · · · · · · · · · · ·		Opened	10/15 Last			
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Is the claim subject to offset? Total Claims Priority Creditor's Name Attn: Claims PO Box 82505 Lincoln, NE 68501 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 and Debtor 2 only Disputed Type of PRIORITY unsecured claim: Claims for death or personal injury while you were intoxicated Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Debtor 1 Saz / Nelnet Priority Creditor's Name Attn: Claims PO Box 82505 Lincoln, NE 68501 Number Street City State Zip Code Who incurred the debt? Check one. Contingent Debtor 1 only Debtor 1 only Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Disputed Type of PRIORITY unsecured claim: Contingent Type of PRIORITY unsecured claim: Context if this claim is for a community debt is the claim subject to offset? Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Context in the claim is: Check all that apply Check if this claim is for a community debt is the claim is: Check all that apply Check if the claim is: Check all that a			When was the debt incurred?					
Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Claims for death or personal injury while you were intoxicated Check if this Claim is for a community debt Is the claim subject to offset? Claims for death or personal injury while you were intoxicated Check if this claim is for a community debt Is the claim subject to offset? Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Check if this claim is for a community debt Is the claim subject to offset? Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated				is: Chook all	that apply			
□ Debtor 1 only □ Unliquidated □ Disputed □ Debtor 2 only □ Disputed □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Domestic support obligations □ Check if this claim is for a community debt Is the claim subject to offset? □ Claims for death or personal injury while you were intoxicated □ Other. Specify □ Other. Specify □ Other. Specify □ Opened 10/15 Last Active 10/31/18 □ Debtor 1 only □ Disputed □ Debtor 1 only □ Disputed □ Debtor 1 and Debtor 2 only □ Disputed □ Debtor 1 and Debtor 2 only □ Disputed □ Check if this claim is for a community debt Is the claim subject to offset? □ Check if this claim is for a community debt Is the claim subject to offset? □ Claims for death or personal injury while you were intoxicated □ Debtor 1 only □ Disputed □ Debtor 1 and Debtor 2 only □ Disputed □ Debtor 1 and Debtor 2 only □ Disputed □ Check if this claim is for a community debt Is the claim subject to offset? □ Claims for death or personal injury while you were intoxicated □ Claims for death or personal injury while you were intoxicated □ Claims for death or personal injury while you were intoxicated □ Claims for death or personal injury while you were intoxicated □ Claims for death or personal injury while you were intoxicated		•		is. Check all	шасарріу			
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? The off PRIORITY unsecured claim: Check if this claim is for a community debt is the claim subject to offset? The off PRIORITY unsecured claim: Check if this claim is for a community debt is the claim subject to offset? The off Ed / 582 / Nelnet Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated		Debtor 1 only	_					
Debtor 1 and Debtor 2 only			•					
At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes Dept of Ed / 582 / Nelnet		_						
Check if this claim is for a community debt is the claim subject to offset? Check if this claim is for a community debt is the claim subject to offset? Claims for death or personal injury while you were intoxicated		_						
Is the claim subject to offset? No Yes Claims for death or personal injury while you were intoxicated		_	_	vari aura tha m	avaramant			
Dept of Ed / 582 / Nelnet Last 4 digits of account number 9365 \$402.00 \$402.00 \$0.00		•		-				
Priority Creditor's Name Attn: Claims Po Box 82505 Lincoln, NE 68501 Number Street City State Zlp Code Who incurred the debt? Check one. Contingent Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 and another At least one of the debtors and another Claims is the claim subject to offset? No Contens Claims for death or personal injury while you were intoxicated S402.00 \$402.00 \$0.00		-	_	ary write you	were intoxicated			
Dept of Ed 7 582 / Neinet Priority Creditor's Name Attn: Claims Po Box 82505 Lincoln, NE 68501 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No Debtor 1 offset? No Last 4 digits of account number Opened 10/15 Last Active 10/31/18 Opened 10/15 Last Active 10/31/18 Vhen was the debt incurred? Active 10/31/18 Opened 10/15 Last Active 10/31/18 Vhen was the debt incurred? Active 10/31/18 Opened 10/15 Last Active 10/31/18 Vhen was the debt incurred? Active 10/31/18 Is the claim is: Check all that apply Incurred the cla				al				
Dept of Ed 7 582 / Neinet Priority Creditor's Name Attn: Claims Po Box 82505 Lincoln, NE 68501 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No Debtor 1 offset? No Last 4 digits of account number Opened 10/15 Last Active 10/31/18 Opened 10/15 Last Active 10/31/18 Vhen was the debt incurred? Active 10/31/18 Opened 10/15 Last Active 10/31/18 Vhen was the debt incurred? Active 10/31/18 Opened 10/15 Last Active 10/31/18 Vhen was the debt incurred? Active 10/31/18 Is the claim is: Check all that apply Incurred the cla								
Attn: Claims Po Box 82505 Lincoln, NE 68501 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Debtor 1 only Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated No Other. Specify		<u>-</u>	Last 4 digits of account number	9365	\$402.00	\$402.00	\$0.00	
Lincoln, NE 68501 Number Street City State Zlp Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No As of the date you file, the claim is: Check all that apply □ Contingent □ Unliquidated □ Disputed □ Disputed □ Disputed □ Domestic support obligations □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated □ Other. Specify □ Other. Specify □		Attn: Claims		Opened	10/15 Last			
Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor Is the claim is for a community debt Is the claim subject to offset? No As of the date you file, the claim is: Check all that apply Contingent Dent is: Check all that apply Contingent Dent is: Check all that apply Contingent Dent is: Check all that apply Dent is: Check all that apply Contingent Dent is: Check all that apply Dent is: Check a			When was the debt incurred?	Active 10	0/31/18	_		
Who incurred the debt? Check one. □ Debtor 1 only □ Unliquidated □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Other. Specify □ Other. Specify			As of the date you file, the claim	is: Check all	that apply			
□ Debtor 1 only □ Unliquidated □ Debtor 2 only □ Disputed □ Debtor 1 and Debtor 2 only □ Type of PRIORITY unsecured claim: □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Claims for death or personal injury while you were intoxicated □ Other. Specify □ O			_					
□ Debtor 2 only □ Disputed □ Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Claims for death or personal injury while you were intoxicated □ No □ Other. Specify □ Other. Specify		■ Debtor 1 only	_					
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Other. Specify □ Other. Specify		Debtor 2 only	•					
□ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Other. Specify		•	•	ıim:				
☐ Check if this claim is for a community debt Is the claim subject to offset? No □ Other. Specify								
Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated ☐ Other. Specify								
■ No □ Other. Specify								
			_	, , , , , ,				
		☐ Yes		al				

De	btor 1 Sasha Marritt		Case nur	mber (if known)	18-56519	
2.1 1	Dept of Ed / 582 / NeInet Priority Creditor's Name	Last 4 digits of account number	9165	\$146.00	\$146.00	\$0.00
	Attn: Claims Po Box 82505 Lincoln, NE 68501	When was the debt incurred?	Opened 1 Active 10	10/15 Last //31/18	_	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all t	that apply		
	Who incurred the debt? Check one.	☐ Contingent				
	■ Debtor 1 only	☐ Unliquidated				
	Debtor 2 only	☐ Disputed				
	☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	im:			
	☐ At least one of the debtors and another	☐ Domestic support obligations				
	☐ Check if this claim is for a community debt	Taxes and certain other debts y	ou owe the ac	overnment		
	Is the claim subject to offset?	☐ Claims for death or personal inj	_			
	No	Other. Specify				
	☐ Yes	Education	al			_
	7					
2.1	Nelnet	Last 4 digits of account number	3574	\$4,936.00	\$4,936.00	\$0.00
	Priority Creditor's Name		0	20/00 1		_
	Attn: Claims Po Box 82505	When was the debt incurred?	Active 5/	09/06 Last		
	Lincoln, NE 68501	When was the debt mounted?	Active 3/	2-700	_	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all t	that apply		
	Who incurred the debt? Check one.	☐ Contingent				
	■ Debtor 1 only	☐ Unliquidated				
	Debtor 2 only	☐ Disputed				
	☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	im:			
	☐ At least one of the debtors and another	☐ Domestic support obligations				
	☐ Check if this claim is for a community debt	Taxes and certain other debts y	ou owe the ac	overnment		
	Is the claim subject to offset?	Claims for death or personal inj	•			
	No	Other. Specify				
	☐ Yes	Education	al			_
Do	rt 2: List All of Your NONPRIORITY Unsecu	urad Claima				
3.	Do any creditors have nonpriority unsecured claim	is against you?				
	☐ No. You have nothing to report in this part. Submit	this form to the court with your other s	schedules.			
	■ Yes.					
4.	List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.	laim. For each claim listed, identify wh	at type of clai	m it is. Do not list cl	aims already included	l in Part 1. If more
					Tot	al claim

Debtor	1 Sasha Marritt	Case number (if known) 18-56519						
4.1	ARS Collections	Last 4 digits of account number 7355	\$153.54					
	Nonpriority Creditor's Name PO Box 15241 Lansing, MI 48901	When was the debt incurred? 7/17/2017	_					
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply						
	■ Debtor 1 only							
	Debtor 2 only	☐ Contingent ☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did no report as priority claims	:					
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts						
	☐ Yes	Other. Specify Collection Account	<u> </u>					
	Cadillac Accounts Receivable							
4.2	Management	Last 4 digits of account number 5541	\$131.00					
	Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred? Opened 11/16						
	Po Box 358 Cadillac, MI 49601							
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply						
	Who incurred the debt? Check one.							
	■ Debtor 1 only	or 1 only						
	☐ Debtor 2 only ☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only ☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did no report as priority claims	:					
	No	☐ Debts to pension or profit-sharing plans, and other similar debts						
	☐ Yes	■ Other. Specify Collection Attorney Physician Healthcare Network	_					
4.3	Capital One	Last 4 digits of account number 0312	\$1,060.00					
	Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred? Opened 12/15						
	Po Box 30285	<u> </u>	_					
	Salt Lake City, UT 84130							
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply						
	Debtor 1 only	Пол						
	_ '	☐ Contingent ☐ Unliquidated						
	Debtor 2 only							
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:						
	At least one of the debtors and another	Student loans						
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did no report as priority claims	i					
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts						
	☐ Yes	■ Other. Specify Credit Card						
	00	- Other, Specify						

Debtor	1 Sasha Marritt		Case number (if known) 18	8-56519
4.4	Capital One	Last 4 digits of account numbe	5251	\$971.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City LIT 94130	When was the debt incurred?	Opened 05/17	
	Salt Lake City, UT 84130 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the clain	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecur	ed claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sereport as priority claims	paration agreement or divorce that	you did not
	■ No	Debts to pension or profit-shar	ing plans, and other similar debts	
	☐ Yes	Other. Specify Credit Car	d	
4.5	CBM Services Inc.	Last 4 digits of account numbe	9947	\$175.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 551	When was the debt incurred?	Opened 01/18	
	Midland, MI 48640 Number Street City State Zlp Code	As of the date you file, the clain	is: Check all that apply	
	Who incurred the debt? Check one.	• •	,	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecur	ed claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sereport as priority claims	paration agreement or divorce that	you did not
	■ No	Debts to pension or profit-shar	ing plans, and other similar debts	
	☐ Yes	■ Other. Specify	Attorney Mckenzie Profe	essional
4.6	CBM Services Inc. Nonpriority Creditor's Name	Last 4 digits of account numbe	6901	\$167.00
	Attn: Bankruptcy Po Box 551	When was the debt incurred?	Opened 04/18	
	Midland, MI 48640			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the clain	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecur	ed claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	paration agreement or divorce that	you did not
	No	Debts to pension or profit-shar	ing plans, and other similar debts	
	□Yes	Collection Other. Specify Group Pr	Attorney Mckenzie Profe	essional

Debtor	1 Sasha Marritt		Case number (if known)	18-56519				
4.7	CBM Services Inc.	Last 4 digits of account number	2560		\$51.00			
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 551	When was the debt incurred?	Opened 08/17					
	Midland, MI 48640 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply					
	Who incurred the debt? Check one.	to of the date you me, the claim	oncor an that apply					
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt	Obligations arising out of a sepa	aration agreement or divorce that	at you did not				
	Is the claim subject to offset?	report as priority claims						
	■ No	☐ Debts to pension or profit-sharin	•					
	Yes	Other. Specify Group Pr	Attorney Mckenzie Pro	fessional				
4.8	CBM Services Inc.	Last 4 digits of account number	5732		\$41.00			
-	Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred?	Opened 05/18					
	Po Box 551		<u> </u>					
	Midland, MI 48640	As of the date you file, the claim						
	Number Street City State Zlp Code Who incurred the debt? Check one.							
	Debtor 1 only	По :: .						
	_ ′	☐ Contingent☐ Unliquidated						
	Debtor 2 only							
	Debtor 1 and Debtor 2 only							
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	a ciann.					
	☐ Check if this claim is for a community debt	a community ☐ Obligations arising out of a separation agreement or divorce that you d						
	Is the claim subject to offset?	report as priority claims						
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	i				
	Yes	■ Other. Specify Group Pr	Attorney Mckenzie Pro	fessional				
4.9	CBM Services Inc. Nonpriority Creditor's Name	Last 4 digits of account number	2559		\$31.00			
	Attn: Bankruptcy	When was the debt incurred?	Opened 08/17					
	Po Box 551							
	Midland, MI 48640 Number Street City State Zlp Code	As of the date you file, the claim	is: Chook all that apply					
	Who incurred the debt? Check one.	As of the date you me, the claim	s. Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	d claim:						
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	at you did not					
	No	Debts to pension or profit-sharing	•					
	— INU	·	Attorney Mckenzie Prof					
	□Yes	Other. Specify Group Pr	AUDITIES WICKETIZIE FIO	iessiviiai				

Debt	or 1 Sasha Marritt		Case number (if known)	
¥.1	CBM Services Inc.	Last 4 digits of account number	9948	\$31.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 551	When was the debt incurred?	Opened 01/18	
	Midland, MI 48640 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	☐ Yes	Other. Specify Collection Group Pr	Attorney Mckenzie Professional	
l.1	Dte Energy	Last 4 digits of account number	9980	\$411.41
	Nonpriority Creditor's Name One Energy Plaza /Attn: Bankruptcy Depar	When was the debt incurred?	4/16/2018	
	Detroit, MI 48226 Number Street City State Zlp Code	As of the data you file the claim	in Charle all that apply	
	Who incurred the debt? Check one.	As of the date you file, the claim	іs: Спеск ан шат арріу	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	■ Other. Specify Electric Bil	•	
1.1	K 11 1 D		F404	4045.04
2	Kohler's Propane Co Nonpriority Creditor's Name	Last 4 digits of account number	5131	\$245.94
	PO Box 573 Brown City, MI 48416-0573	When was the debt incurred?	3/29/2018	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset? —	report as priority claims	aration agreement or divorce that you did not	
	No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Collection		

Sasha Marritt		Case number (if known) 18-56519	
Marlette Regional Hospital	Last 4 digits of account number	6068	\$619.99
Nonpriority Creditor's Name 2770 Main Street Marlette, MI 48453-1141	When was the debt incurred?	3/18/2018	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	Student loans		
debt s the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	Other. Specify Medical Bil	<u> </u>	
Midland Funding	Last 4 digits of account number	0731	\$4,687.00
Nonpriority Creditor's Name 2365 Northside Dr Ste 300 San Diego, CA 92108	When was the debt incurred?	Opened 02/17	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
s the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharin	ng plans, and other similar debts	
☐ Yes	Other. Specify Factoring C	Company Account Citibank N.A.	
Midland Funding	Last 4 digits of account number	9791	\$2,445.00
Nonpriority Creditor's Name	Last 4 digits of account number		Ψ2,++3.00
2365 Northside Dr Ste 300 San Diego, CA 92108	When was the debt incurred?	Opened 03/17	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	☐ Student loans		
debt s the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	·	Company Account Citibank N.A.	

Debtor	1 Sasha Marritt		Case number (if known) 18-56519)					
4.1 6	Midland Funding	Last 4 digits of account number	4736	\$2,245.00					
	Nonpriority Creditor's Name 2365 Northside Dr Ste 300 San Diego, CA 92108	When was the debt incurred?	Opened 01/17	_					
-	Number Street City State Zlp Code	er Street City State Zlp Code As of the date you file, the claim is: Check all that apply							
	Who incurred the debt? Check one.								
	Debtor 1 only	☐ Contingent							
	Debtor 2 only	Unliquidated							
	Debtor 1 and Debtor 2 only	Disputed							
	At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:						
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did no	ot					
		Debts to pension or profit-sharin	a plane and other similar debte						
	No								
	Yes	Other. Specify Factoring C	Company Account Citibank N.A	<u>. </u>					
4.1	Money Recovery Nationwide	Last 4 digits of account number	9709	\$158.00					
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 13129	When was the debt incurred?	Opened 04/18						
	Lansing, MI 48901								
-	Number Street City State Zlp Code	As of the date you file, the claim i							
	Who incurred the debt? Check one.								
	Debtor 1 only								
	☐ Debtor 2 only								
	☐ Debtor 1 and Debtor 2 only								
	☐ At least one of the debtors and another	<u></u> '	Type of NONPRIORITY unsecured claim: Student loans						
	Check if this claim is for a community	_							
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did no	ot					
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts						
	Yes	Collection A System	Attorney Mckenzie Health	_					
4.1	Orthopedic Associates of Port	Last 4 digits of account number	5730	\$10.00					
	Nonpriority Creditor's Name PO Box 5031 Port Huron, MI 48061-5031	When was the debt incurred?	3/21/2018						
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply						
	Who incurred the debt? Check one.								
	■ Debtor 1 only	☐ Contingent							
	Debtor 2 only								
	☐ Debtor 1 and Debtor 2 only								
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured							
	☐ Check if this claim is for a community	Student loans							
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ot						
	No	Debts to pension or profit-sharin							
	■ No □ Yes								
	LI res	Other. Specify Medical Bil	<u> </u>						

Debtor	1 Sasha Ma	arritt		C	ase nu	ımber (if known)	18-56519	
4.1 9	Portfolio Re	•	Last 4 digits of account nu	mber	8692			\$539.00
	Po Box 410 Norfolk, VA	21	When was the debt incurred	d?	Oper	ned 4/19/17		
-	Number Street	City State Zlp Code the debt? Check one.	As of the date you file, the	claim is	: Check	all that apply		
	■ Debtor 1 onl	lv	☐ Contingent					
	Debtor 2 onl	•	☐ Unliquidated					
	_	•	<u> </u>					
	Debtor 1 and		☐ Disputed Type of NONPRIORITY uns		alaim.			
	_	of the debtors and another	<u></u> '	ecurea	ciaim:			
	☐ Check if thi	is claim is for a community	☐ Student loans		ation on	roomant or diversa	that you did not	
		bject to offset?	Obligations arising out of report as priority claims	a separa	ation ag	reement or divorce	that you did not	
	■ No		Debts to pension or profit-	-sharing	plans,	and other similar de	ebts	
			Factor	ing C	ompa	ny Account Sy	nchrony	
	Yes		Other. Specify Bank					
4.2	Target		Last 4 digits of account nu	mber	4961			\$579.00
	Nonpriority Cred				_			
	Target Card Mail Stop N		When was the debt incurred	d?	Open	ned 05/15		
-		City State Zlp Code	As of the date you file, the	claim is	: Check	all that apply		
	Who incurred t	the debt? Check one.						
	Debtor 1 onl	ly	☐ Contingent					
	Debtor 2 onl	ly	☐ Unliquidated					
	Debtor 1 and	d Debtor 2 only	☐ Disputed					
		of the debtors and another	Type of NONPRIORITY uns	ecured	claim:			
		is claim is for a community	☐ Student loans					
	debt	is claim is for a community	☐ Obligations arising out of	a separa	ation ad	reement or divorce	that you did not	
	Is the claim su	bject to offset?	report as priority claims				, ,	
	■ No		Debts to pension or profit-	-sharing	plans,	and other similar de	ebts	
	☐ Yes		■ Other. Specify Credit	Card				
			. ,					
Part 3:	List Others	s to Be Notified About a Deb	t That You Already Listed					
is tryir have n notifie	ng to collect fro nore than one o d for any debts	you have others to be notified about you for a debt you owe to son creditor for any of the debts that in Parts 1 or 2, do not fill out or	neone else, list the original cred you listed in Parts 1 or 2, list the submit this page.	ditor in I	Parts 1	or 2, then list the	collection agency	here. Similarly, if you
Part 4:	Add the A	mounts for Each Type of Uns	secured Claim					
	the amounts of f unsecured cla	certain types of unsecured clain nim.	ns. This information is for statis	stical re _l	porting	purposes only. 28	8 U.S.C. §159. Add	d the amounts for each
						Total	Claim	
_	6a.	Domestic support obligations			6a.	\$	0.00	-
	Total aims							
from Pa	art 1 6b.	Taxes and certain other debts	you owe the government		6b.	\$	43,956.00	_
	6c.		njury while you were intoxicated		6c.	\$	0.00	_
	6d.	Other. Add all other priority unse	cured claims. Write that amount h	nere.	6d.	\$	0.00	-
	6e.	Total Priority. Add lines 6a throu	ugh 6d.		6e.	\$	43,956.00	-
						_		
	6f.	Student loans			6f.	Total	0.00	
Т	Total					¥	0.00	-
cla from Pa	aims art 2 6g.	Obligations arising out of a se	paration agreement or divorce t	that	6a.	\$	0.00	

Schedule E/F: Creditors Who Have Unsecured Claims

Page 12 of 13

Debtor 1 Sasha Marritt Case number (if known) 18-56519

you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts

- 6i. Other. Add all other nonpriority unsecured claims. Write that amount
- 6j. **Total Nonpriority.** Add lines 6f through 6i.

0.00	\$ 6h.
14,751.88	\$ 6i.
14,751.88	\$ 6j.

Official Form 106 E/F

Fill in this inform	mation to identify your	case:			
Debtor 1	Sasha Marritt				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN		
	18-56519				
(if known)				☐ Check if t	this is an
				amended	l filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

F	Person or	company with Name, Number	whom you have th	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.3	<u> </u>		<u> </u>		
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				<u> </u>
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>
2.5	J.,		Sidio	2 2000	
•	Name				_
	Number	Street			_
	City		State	ZIP Code	<u> </u>

Fill in this	s information to identify your	case:		
Debtor 1	Sasha Marritt			
Dobtor 2	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, fil	ing) First Name	Middle Name	Last Name	
United Sta	ates Bankruptcy Court for the:	EASTERN DISTRICT	OF MICHIGAN	
Case num (if known)	nber 18-56519			☐ Check if this is an amended filing
Sched Codebtors		re also liable for any de		12/15 s complete and accurate as possible. If two married on. If more space is needed, copy the Additional Page,
fill it out, a	and number the entries in the e and case number (if known)	boxes on the left. Attac . Answer every question	h the Additional Page to n.	o this page. On the top of any Additional Pages, write
1. Do	you have any codebtors? (If	you are filing a joint case,	do not list either spouse	as a codebtor.
■ No				
Arizo	thin the last 8 years, have you na, California, Idaho, Louisiana n. Go to line 3. s. Did your spouse, former spor	, Nevada, New Mexico, P	uerto Rico, Texas, Washi	(Community property states and territories include ngton, and Wisconsin.)
in lin Form	e 2 again as a codebtor only i	f that person is a guara	ntor or cosigner. Make s	if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Official 6G). Use Schedule D, Schedule E/F, or Schedule G to fil
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1	Name			☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line ☐ Schedule G, line
	Number Street City	State	ZIP Code	_
3.2	Name			☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line
	Number Street City	State	ZIP Code	-

Fill in this information t	o identify your case:	
Debtor 1	Sasha Marritt	
Debtor 2 (Spouse, if filing)		
United States Bankrup	tcy Court for the: EASTERN DISTRICT OF MICHIGAN	
Case number 18-	-56519	Check if this is:
(If known)		☐ An amended filing
		A supplement showing postpetition chapter13 income as of the following date:
Official Form	1061	MM / DD/ YYYY
Schedule I:	Your Income	12/15

Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for

supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	E	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	Department Manager	General Laborer
	Include part-time, seasonal, or self-employed work.	Employer's name	Walmart	Jensen Auto, Inc
	Occupation may include student or homemaker, if it applies.	Employer's address	555 W Genesee St Lapeer, MI 48446	55 Sanborn Croswell, MI 48422
		How long employed the	here? 4 Years	17 Years

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 2,600.00 2,952.56 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. +\$ 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 2,952.56 2,600.00

Debtor 1 Sasha Marritt 18-56519 Case number (if known) For Debtor 2 or For Debtor 1 non-filing spouse Copy line 4 here 2,952.56 2,600.00 List all payroll deductions: Tax, Medicare, and Social Security deductions 5a. \$ 297.94 591.33 5b. Mandatory contributions for retirement plans 5b. \$ 29.53 \$ 0.00 5c. Voluntary contributions for retirement plans 5c. \$ 0.00 0.00 5d. Required repayments of retirement fund loans 5d. \$ 0.00 0.00 5e. Insurance 5e. 99.02 74.06 5f. Domestic support obligations 5f. 0.00 0.00 5q. **Union dues** 5g. \$ 0.00 0.00 Other deductions. Specify: dental 5h. 5h.+ \$ \$ 42.03 0.00 vision \$ 17.90 \$ 0.00 **Health Savings Account** \$ 0.00 65.00 Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 486.42 730.39 6. 7. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. \$ 2,466.14 1,869.61 8. List all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 8a. \$ 0.00 monthly net income. 0.00 8b. Interest and dividends 8b. 0.00 0.00 Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce 8c. settlement, and property settlement. \$ 0.00 0.00 8d. **Unemployment compensation** 8d. 0.00 \$ 0.00 8e. **Social Security** 8e. 0.00 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. Specify: 0.00 0.00 Pension or retirement income 8g. \$ 0.00 \$ 8g. 0.00 Other monthly income. Specify: 8h.+ \$ 0.00 \$ 0.00 Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. 0.00 0.00 Calculate monthly income. Add line 7 + line 9. 10. \$ 2,466.14 \$ 1.869.61 \$ 4,335.75 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it 4,335.75 12. applies Combined monthly income Do you expect an increase or decrease within the year after you file this form?

Yes. Explain:

Fills	n this informa	tion to identify yo	our case:			Ì		
Debt		Sasha Marri				Cho	eck if this is:	
	.01	Sasila Maili			☐ An amended filing			
Debt	tor 2 buse, if filing)						A supplement show 13 expenses as of	wing postpetition chapter
(Spo	use, ii iiiirig)							the following date.
Unite	ed States Bankr	uptcy Court for the	: EASTE	RN DISTRICT OF MICHIG	SAN		MM / DD / YYYY	
	e number 18	3-56519						
Of	ficial Fo	rm 106J				I		
Sc	chedule	J: Your	Exper	nses				12/15
Be a	as complete a ormation. If m	and accurate as	s possible eded, atta	. If two married people ar ich another sheet to this				
Part		ibe Your House	ehold					
1.	Is this a join							
	■ No. Go to		in a senar	ate household?				
	□ N		и оори					
	_		st file Offici	al Form 106J-2, Expenses	for Separate House	ehold of Del	btor 2.	
2.	Do you have	e dependents?	□ No					
	Do not list Debtor 2.	•	Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents				Son		5	Yes
					0		40	□ No
					Son			■ Yes
								□ No □ Yes
								□ res
								☐ Yes
3.		enses include		No				
		f people other t d your depende		Yes				
D (
exp	imate your ex		our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the	value of sucl	n assistance an		government assistance i			Vaur avm	
(Off	icial Form 10	61.)					Your exp	C113C3
4.		or home owners and any rent for th		ses for your residence. In	nclude first mortgage	e 4.	\$	988.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	0.00
		rty, homeowner's	s, or renter	's insurance		4b.	·	0.00
		•		upkeep expenses		4c.	\$	150.00
		owner's associa				4d.	·	0.00
5.	Additional r	nortgage paym	ents for yo	our residence, such as ho	me equity loans	5.	\$	0.00

Deb	tor 1	Sasha Marritt	Case number	(if known)	18-56519
6.	Utilit	ies:			
٠.	6a.	Electricity, heat, natural gas	6a. \$		275.00
	6b.	Water, sewer, garbage collection	6b. \$		0.00
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$		315.00
	6d.	Other. Specify:	6d. \$		0.00
	Food	and housekeeping supplies	7. \$		550.00
	Child	care and children's education costs	8. \$		0.00
	Cloth	ning, laundry, and dry cleaning	9. \$		400.00
0.	Pers	onal care products and services	10. \$		100.00
1.	Medi	cal and dental expenses	11. \$	-	140.00
2.	Tran	sportation. Include gas, maintenance, bus or train fare.			405.00
		ot include car payments.	12. \$		425.00
		rtainment, clubs, recreation, newspapers, magazines, and books	13. \$		50.00
4.	Char	itable contributions and religious donations	14. \$		15.00
5.		ance.			
		ot include insurance deducted from your pay or included in lines 4 or 20.	45- 0		0.00
		Life insurance	15a. \$		0.00
		Health insurance	15b. \$		67.00
		Vehicle insurance	15c. \$		271.00
_		Other insurance. Specify:	15d. \$		0.00
6.		s. Do not include taxes deducted from your pay or included in lines 4 or 20.	4C C		0.00
_	Spec	•	16. \$		0.00
1.		Ilment or lease payments: Car payments for Vehicle 1	17a. \$		225.05
		• •	17a. \$		235.65
		Car payments for Vehicle 2			0.00
		Other Specify: Student Loan	17c. \$		300.00
_		Other. Specify:	17d. \$		0.00
8.		payments of alimony, maintenance, and support that you did not report a cted from your pay on line 5, Schedule I, Your Income (Official Form 106I)			0.00
q		r payments you make to support others who do not live with you.	\$	-	0.00
٥.	Spec		19.		0.00
0.	•	r real property expenses not included in lines 4 or 5 of this form or on <i>ScI</i>		Income.	
٠.		Mortgages on other property	20a. \$		0.00
		Real estate taxes	20b. \$	-	0.00
		Property, homeowner's, or renter's insurance	20c. \$		0.00
		Maintenance, repair, and upkeep expenses	20d. \$		0.00
		Homeowner's association or condominium dues	20e. \$		0.00
1		r: Specify:	21. +9		0.00
•	01.10				0.00
2.		ulate your monthly expenses			
		Add lines 4 through 21.		\$	4,281.65
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	4,281.65
_					,
3.		ulate your monthly net income.	00 0		
		Copy line 12 (your combined monthly income) from Schedule I.	23a. \$		4,335.75
	23b.	Copy your monthly expenses from line 22c above.	23b\$		4,281.65
	00-	Cultivant communication communication and the communication communicatio			
	23C.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$		54.10
		The result is your monthly net income.	_00		
<u>2</u> 4.	Do v	ou expect an increase or decrease in your expenses within the year after y	you file this fo	rm?	
	For ex	cample, do you expect to finish paying for your car loan within the year or do you expect yo			ease or decrease because of a
		cation to the terms of your mortgage?			
	■ N	D			
	☐ Ye	es. Explain here:			

Schedule J: Your Expenses 18-56519-mlo Doc 8 Filed 12/27/18 Entered 12/27/18 12:36:28 Page 27 of 40 Official Form 106J

Fill in this inforr	mation to identify you	r case:			
Debtor 1	Sasha Marritt First Name	Middle Name	Last Name		
Debtor 2	riist Name	Middle Name	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for the:	EASTERN DISTRICT OF	MICHIGAN		
Case number (if known)	18-56519				☐ Check if this is an amended filing
Official Form		an Individual	Debtor's Sch	nedules	12/15
If two married pe	eople are filing togeth	er, both are equally respon	sible for supplying corre	ect information.	
obtaining money		in connection with a bankı			ent, concealing property, or or imprisonment for up to 20
Sign	n Below				
Did you pay	y or agree to pay som	neone who is NOT an attorn	ney to help you fill out ba	nkruptcy forms?	
■ No					
☐ Yes. N	Name of person				otcy Petition Preparer's Notice, ad Signature (Official Form 119)
	Ity of perjury, I declar e true and correct.	e that I have read the sumn	nary and schedules filed	with this declaration a	and
X /s/ Sas	ha Marritt		X		
Sasha			Signature of D	ebtor 2	
Date [December 27, 2018		Date		

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

Software Copyright (c) 1996-2018 Best Case, LLC - www.bestcase.com

Best Case Bankruptcy

F:II :	Abia infano	ation to identify				
		nation to identify your	case.			
Debto	or 1	Sasha Marritt First Name	Middle Name	Last Name		
Debto (Spous	or 2 e if, filing)	First Name	Middle Name	Last Name		
Unite	d States Bar	kruptcy Court for the:	EASTERN DISTRICT OF	MICHIGAN		
Case (if know		8-56519				heck if this is an mended filing
Stat Be as inform	complete a	of Financial A	attach a separate sheet to	re filing together, both are	ankruptcy equally responsible for sup additional pages, write you	
Part 1		etails About Your Ma	rital Status and Where You	Lived Before		
2. D	■ No	ast 3 years, have you	lived anywhere other than v	·		
ı	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
	and territorie	es include Arizona, Ca		vada, New Mexico, Puerto Ri	ity property state or territory co, Texas, Washington and W	
Part 2	Explain	n the Sources of You	r Income			
F	ill in the tota you are filin No	I amount of income you	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$26,008.03	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

Debtor 1 Sasha Marritt C						ase number (if known) 18-56519			
					Debtor 1		Debtor 2		
					Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)
			dar year: December :	31, 2017)	■ Wages, commissions, bonuses, tips	\$25,061.00	☐ Wages, combonuses, tips	missions,	
					☐ Operating a business		☐ Operating a	business	
			dar year bei December :		■ Wages, commissions, bonuses, tips	\$23,815.00	☐ Wages, combonuses, tips	imissions,	
					☐ Operating a business		☐ Operating a	business	
	and owinning	other ings. I each s	public benef f you are fili	it payments; ng a joint cas he gross inco	er that income is taxable. Exa pensions; rental income; inter e and you have income that y me from each source separa	rest; dividends; money colle you received together, list it	ected from lawsuits; only once under De	royalties; an ebtor 1.	
					Debtor 1		Debtor 2		
					Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inc Describe below		Gross income (before deductions and exclusions)
Pa	rt 3:	List	Certain Pa	yments You	Made Before You Filed for	Bankruptcy			
6.	_	No.	During the No. Yes	ebtor 1 nor D orimarily for a 90 days befo Go to line 7 List below e paid that cre not include to adjustment or Debtor 2 o 90 days befo Go to line 7 List below e	each creditor to whom you pai editor. Do not include paymer payments to an attorney for the on 4/01/19 and every 3 years r both have primarily consure you filed for bankruptcy, dients.	Imer debts. Consumer debted purpose." d you pay any creditor a told a total of \$6,425* or more ats for domestic support oblains bankruptcy case. Is after that for cases filed of the pay any creditor a told you pay any creditor a told d a total of \$600 or more as	al of \$6,425* or mo in one or more pay igations, such as ch n or after the date of al of \$600 or more?	re? ments and the support and	he total amount you and alimony. Also, do
					ments for domestic support o this bankruptcy case.	bligations, such as child su	ρροπ and allmony. <i>i</i>	aiso, do not i	include payments to an
	Cre	ditor'	s Name and	l Address	Dates of payme	nt Total amount paid	Amount you still owe	Was this	payment for

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

7.	Within 1 year before you filed for bankrupt <i>Insiders</i> include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	artners; relatives of any gen- control, or owner of 20% or	eral partners; partner r more of their votin	erships of which g securities; and	you are a genera I any managing ag	I partner; corporations gent, including one for	
	■ No						
	☐ Yes. List all payments to an insider.						
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe		this payment	
8.	Within 1 year before you filed for bankrupt insider?		ments or transfer a	any property or	account of a de	bt that benefited an	
	Include payments on debts guaranteed or cos	signed by an insider.					
	■ No						
	☐ Yes. List all payments to an insider						
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe		t his payment tor's name	
Pa	rt 4: Identify Legal Actions, Repossession	ns. and Foreclosures					
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. ☐ No ☐ Yes. Fill in the details.						
	Case title Nature of the case Court or agency Case number				Status of the	Status of the case	
	Portfolio Recovery Associates, LLc v. Sasha M. Marritt	Collection	73A District Co 60 W. Sanilac A Sandusky, MI	Ave	☐ Pending ☐ On appea ☐ Conclude		
	Midland Funding LLC v. Sasha Marritt 18-416-GC	Collection	73A Distrcit Co 60 W. Sanilac A Sandusky, MI	Ave	☐ Pending ☐ On appea ☐ Conclude		
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below		rty repossessed, t	oreclosed, gar	nished, attached	, seized, or levied?	
	No. Go to line 11.Yes. Fill in the information below.						
	Creditor Name and Address	Describe the Property		Da	te	Value of the	
		Explain what happened				property	
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment becomes No Yes. Fill in the details.		uding a bank or fi	nancial instituti	ion, set off any a	mounts from your	
	Creditor Name and Address	Describe the action the	creditor took		te action was	Amount	
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a		rty in the possess		en nee for the bene	fit of creditors, a	
	■ No □ Yes						

Case number (if known) 18-56519

Official Form 107

Debtor 1 Sasha Marritt

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Dei	Sasna Marritt		Case number	(If known) 18-56519	
Par	t 5: List Certain Gifts and Contributions	S			
13.	■ No	uptcy,	did you give any gifts with a total value of more t	han \$600 per person'	?
	Yes. Fill in the details for each gift.		Describe the gifts	Dates you gave	Value
	Gifts with a total value of more than \$600 per person		Describe the girts	the gifts	Value
	Person to Whom You Gave the Gift and Address:				
14.	Within 2 years before you filed for bankru ■ No	uptcy,	did you give any gifts or contributions with a tota	l value of more than	\$600 to any charity?
	Yes. Fill in the details for each gift or co			_	
	Gifts or contributions to charities that to more than \$600 Charity's Name	otal	Describe what you contributed	Dates you contributed	Value
	Address (Number, Street, City, State and ZIP Code	e)			
Par	t 6: List Certain Losses				
10.	or gambling? No Yes. Fill in the details.	picy o	r since you filed for bankruptcy, did you lose anyt	ining because of the	i, inc, other disaster,
	Describe the property you lost and	Descr	ibe any insurance coverage for the loss	Date of your	Value of property
	how the loss occurred	Includ	e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property.	loss	lost
Par	t 7: List Certain Payments or Transfers	3			
16.	consulted about seeking bankruptcy or p	orepari	lid you or anyone else acting on your behalf pay or ing a bankruptcy petition? rs, or credit counseling agencies for services required		rty to anyone you
	□ No				
	Yes. Fill in the details.				
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y	OU.	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Law Offices of Steve Schneider & Assoc 209 S. Main Street	ou	Chapter 7 Bankruptcy Retainer	12/1/2018	\$582.00
	P.O. Box 487 Almont, MI 48003 srsecf@hotmail.com				
17.	Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that	litors o		or transfer any prope	rty to anyone who
	■ No □ Yes. Fill in the details.				
	Person Who Was Paid Address		Description and value of any property transferred	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankru	uptcy,	did you sell, trade, or otherwise transfer any prop	perty to anyone, othe	r than property

1 transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not

Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107

page 4

Debtor 1 Sasha Marritt Case number (if known) 18-56519

	include gifts and transfers that you have alread ■ No □ Yes. Fill in the details.	dy listed on this statement	i.		
	Person Who Received Transfer Address	Description and v		Describe any property or payments received or debts paid in exchange	Date transfer was made
	Person's relationship to you				
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pre No ☐ Yes. Fill in the details.		y property to a self	f-settled trust or similar device	of which you are a
	Name of trust	Description and v	alue of the propert	y transferred	Date Transfer was made
					maue
Par	t 8: List of Certain Financial Accounts, In	struments, Safe Deposi	t Boxes, and Storaç	ge Units	
20.	Within 1 year before you filed for bankrupto sold, moved, or transferred?	•			
	Include checking, savings, money market, chouses, pension funds, cooperatives, asso No			ueposit, silaies ili baliks, ciedii	unions, brokerage
	Yes. Fill in the details.		_		
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account of instrument	or Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed for	bankruptcy, any s	afe deposit box or other deposi	tory for securities,
	■ No □ Yes. Fill in the details.				
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		scribe the contents	Do you still have it?
22.	Have you stored property in a storage unit	or place other than your	home within 1 yea	r before you filed for bankrupto	y?
	■ No □ Yes. Fill in the details.				
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or I to it? Address (Number, S State and ZIP Code)		scribe the contents	Do you still have it?
Par	t 9: Identify Property You Hold or Control	for Someone Else			
23.	Do you hold or control any property that so for someone.	meone else owns? Incl	ude any property yo	ou borrowed from, are storing f	or, or hold in trust
	■ No □ Yes. Fill in the details.				
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		scribe the property	Value
		,			

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Sasha Marritt Case number (if known) 18-56519

For	the purpose of Part 10, the following definitions a	apply:			
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous o toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.				
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or use to own, operate, or utilize it, including disposal sites.				
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.				
Rep	ort all notices, releases, and proceedings that yo	u know about, regardless of when th	ey occurred.		
24.	24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?				
	■ No				
	Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice	

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

Governmental unit

State and ZIP Code)

ZIP Code)

■ No □ Yes. Fill in the details.			
Case Title Case Number	Court or agency Name	Nature of the case	Status of the case

Address (Number, Street, City, State and

Part 11: Give Details About Your Business or Connections to Any Business

25. Have you notified any governmental unit of any release of hazardous material?

Part 10: Give Details About Environmental Information

Name of accountant or bookkeeper

Official Form 107

No

Name of site

Yes. Fill in the details.

Address (Number, Street, City, State and ZIP Code)

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

Date of notice

(Number, Street, City, State and ZIP Code)

Environmental law, if you

Dates business existed

know it

Debtor 1 Sasha Marritt		Case number (if known)	18-56519		
28. Within 2 years before you filed for bankru institutions, creditors, or other parties.	ptcy, did you give a financial statement to	anyone about your I	business? Include all financial		
■ No □ Yes. Fill in the details below.					
Name Address (Number, Street, City, State and ZIP Code)	Date Issued				
Part 12: Sign Below					
I have read the answers on this <i>Statement of Financial Affairs</i> and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Sasha Marritt					
Sasha Marritt Signature of Debtor 1	Signature of Debtor 2				
Date December 27, 2018	Date				
Did you attach additional pages to Your States ■ No □ Yes	ment of Financial Affairs for Individuals Fil	ing for Bankruptcy (Official Form 107)?		
Did you pay or agree to pay someone who is r ■ No	not an attorney to help you fill out bankrup	tcy forms?			
☐ Yes. Name of Person Attach the Bank	cruptcy Petition Preparer's Notice, Declaration	, and Signature (Offici	ial Form 119).		

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$75	administrative fee	
+ \$15	trustee surcharge	
\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the Chapter 7 Means Test Calculation (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called exempt property. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on Schedule C: The Property You Claim as Exempt (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_form s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101). To ensure that you receive information about your case. Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a joint case. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days before you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Eastern District of Michigan

In re	Sasha Marritt		Case No.	18-56519	
		Debtor(s)	Chapter	7	
	VERIFICAT	TRIX			
The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.					
Date:	December 27, 2018	/s/ Sasha Marritt			
		Sasha Marritt			

Signature of Debtor